

Antipsychotics in Children

Member and Medication Information (required)		
Member ID:		Member Name:
DOB:		Weight:
Medication Name/ Strength:		Dose:
Directions for use:		
Provider Information (required)		
Name:	NPI:	Specialty:
Contact Person:	Office Phone:	Office Fax:
All information to be legible, complete and correct or the request may be denied. FAX DOCUMENTATION INCLUDING PROGRESS NOTES or UPDATED LETTER OF MEDICAL NECESSITY TO 855-828-4992		

Criteria for approval (ALL of the following must be met with chart notes submitted):

- ☐ Describe psychosocial interventions that have been used with this patient prior to the initiation of this antipsychotic: _____
- ☐ Trial and failure of at least one preferred first-line medication, if appropriate:
Medication Name: _____ Chart Note Page #: _____
- ☐ Diagnosis Code(s): _____
- ☐ Monitoring of antipsychotic-related side effects **OR** clinically rationale for the lack thereof
 - Metabolic screening at baseline, 3 months, 9 months, and annually
 - Body Mass Index **OR** appropriate growth measurement
 - Assessment for movement disorders using a standardized assessment tool

Additional Criteria for Non-Preferred Antipsychotics:

- ☐ Trial and failure of at least one preferred antipsychotic
Medication used: _____ Chart Note Page #: _____
Details of failure (including duration): _____

Additional information regarding the use of psychotropic medications in children and youth may be found in "[Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health](#)" updated in June 2019.

Initial Authorization: Up to three (3) months

Re-authorization: Up to one (1) year

PROVIDER CERTIFICATION

Provider attests to the following:

- 1) Benefits and potential harm of antipsychotic medications were discussed with the child's parents / guardian
- 2) Routine monitoring for antipsychotic-related side effects.
- 3) Information provided is true and accurate to the best of my knowledge and is included in the patient's medical record.

Prescriber's Signature

Date